## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Clear Lake Courier			2. DATE 10-1-2014
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH			ANNUAL SUBSCRIPTION
Weekly	52		CE \$ 35 & 45
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 416 3rd Ave S, PO Box 830, Clear Lake, Deuel County, SD 57226-0830			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE			
PUBLISHER (Not printers) 416 3rd Ave S, PO Box 830, Clear Lake, Deuel County, SD 57226-0830			
6. FULL NAME OF PUBLISHER: Ken Reiste			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.  FULL NAME  COMPLETE MAILING ADDRESS			
Ken Reiste		PO Box 830, Clear Lake, SD 57226-0830	
8. KNOWN BONDHOLDERS PERCENT OR MORE OF TO state. If more space is needed, l	, MORTGAGES, AND OTHER TAL AMOUNT OF BONDS, M	SECURITY HOLDERS OV	· · · · · · · · · · · · · · · · · · ·
None		AVERACE NO CODIES	
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)		1500	1500
B.PAID AND/OR REQUESTED CIRCULATION  1. Sales through dealers and carriers, street vendors and counter sales.		426	425
2. Mail Subscription (Paid and or requested)		1031	1016
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		1457	1441
D.FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS		12	13
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		6	7
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		1493	1481
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing		7	19
2. Return from News Agents		0	0
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)		1500	1500
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete:			
I swear that the statement	s made by me are true, c	orrect, and complete:	
(Signature)		Owner (Title)	
State of South Dakota	) §	Sworn to before me this	1 day of Oct., 20[4
(Seal)		My commission expires:	otary Public 7-18

Form: SOS REC 051 7/2004